

June 29, 1999

Refer to:
MB:KM
WA 0242.90.R1

Jessie K. Rasmussen, Director
Department of Human Services
Hoover State Office Building
Des Moines, Iowa 50319

Dear Ms. Rasmussen:

I am pleased to inform you that your request for the renewal of the Iowa home and community-based services waiver (HCBS) for persons with mental retardation, as authorized under the provisions of section 1915(c) of the Social Security Act (the Act) has been approved. This waiver has been assigned control number 0242.90.R1. Based on the assurances and additional information provided, the waiver request cited above is approved for a 5-year period, effective July 1, 1999, as requested.

This waiver continues to provide home health aide services, home and vehicle modifications (environmental accessibility adaptations), respite care, skilled nursing, habilitation services including supported employment services, personal emergency response systems, consumer directed attendant care, supported community living, and extended State Plan services of home health care services. You requested an increase in the number of individuals to be served.

The following estimates of utilization and cost of waiver services have been approved:

	<u>C</u>	<u>x</u>	<u>D</u>	<u>Total</u>
(07/01/99-06/30/00) Year 1	5,809	\$18,600	=	\$108,044,511
(07/01/00-06/30/01) Year 2	6,971	\$19,529	=	\$136,135,883
(07/01/01-06/30/02) Year 3	8,365	\$20,506	=	\$171,531,370
(07/01/02-06/30/03) Year 4	10,038	\$21,531	=	\$216,129,366
(07/01/03-06/30/04) Year 5	12,046	\$22,608	=	\$272,323,178

The waiver renewal request conforms to the requirements of the statute and Medicaid regulation. We appreciate the effort and cooperation provided by your staff.

Sincerely,

Joe L. Tilghman
Regional Administrator

cc: Don Herman
Karen Miller

bcc:
Waiver Team
Mary Jean Duckett
Pamela Luce
MILLER:pl:0242APP.W61